


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001582					
1. Entity Name M & H HOMESTEAD, LTD.					
Principal Place of Business C/O MICHAEL LATERNER 13 S.W. 7TH STREET MIAMI, FL 33130			Mailing Address C/O MICHAEL LATERNER 13 S.W. 7TH STREET MIAMI, FL 33130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0863420	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LATERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL 33130		STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____		STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3-15-04 305-377-1266 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

